

CITY OF FITCHBURG (978) 829-1891 PHONE PLANNING BOARD (978) 345-9687 FAX

FAX

SPECIAL PERMIT APPLICATION

	(Assessors Map Block Lot(s))
(street address)	
Applicant:	Property Owner: (if different)
Mailing Address:	Mailing Address:
Telephone:	Telephone:
D 1	Zoning District:
Applicable Section(s) of Zoning Ordinar	nce
Gross floor area proposed: City water? Yes / No City	sewer? Yes / No
Signature of Applicant:	Date:
Signature of Property Owner(s): (if different that applicant)	Date:
	by certify that the applicant(s) cited above have been with the Planning Board on property that I we own.
application fee: (see Special	Permit & Site Plan Regulations)